

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Citizens to Elect Rick Larsen

ADDRESS (number and street)
▼

P.O. Box 326

☐Check if different
than previously
reported. (ACC)

Everett

WA

98206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00345546

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

WA

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☒

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brooke Davis

Signature of Treasurer

Electronically Filed by Brooke Davis

Date

04

22

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Citizens to Elect Rick Larsen

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	74671.67	74671.67
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	74671.67	74671.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	45123.24	102753.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	155.80	215.14
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	44967.44	102538.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	299815.88	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Citizens to Elect Rick Larsen

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

5500.00

5500.00

(ii) Unitemized.....

150.00

150.00

(iii) TOTAL of contributions

5650.00

5650.00

from individuals..... ▶

21.67

21.67

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACS).....

69000.00

69000.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

74671.67

74671.67

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

155.80

215.14

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

2.72

6.58

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

74830.19

74893.39

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45123.24	102753.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	4000.00	4000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	49123.24	106753.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	274108.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	74830.19
25. SUBTOTAL (add Line 23 and Line 24).....	348939.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	49123.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	299815.88

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

Douglas Armstrong

Mailing Address 7615 Rustle Ridge Court

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Electronic Warfare Group

Occupation
Chair/CEO

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: C29070

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Cynthia L Brown

Mailing Address 125 11th St. SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Company, Inc.

Occupation
Principle

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 9

Transaction ID: C29086

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Richard A Crinzi

Mailing Address 15955 NE 85th St
Ste 104

City

Redmond

State

WA

Zip Code

98052-3550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Dentist

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: C29032

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

Carl Guerrieri

Mailing Address 10102 Holland Court

City

Manassas

State

VA

Zip Code

20110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Electronic Warfare Group

Occupation

President

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Transaction ID: C29071

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

Kenneth Klein

Mailing Address 10315 Folk St

City

Silver Spring

State

MD

Zip Code

20902-3857

FEC ID number of contributing
federal political committee.

C

Name of Employer
Outdoor Advertising Assoc-
iation

Occupation

Government Affairs

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Transaction ID: C29072

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

Damian Y Kunko

Mailing Address 4517 16th St. N

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMI Inc

Occupation

Vice President

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Transaction ID: C29052

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

Thomas Williams

Mailing Address 43914 Cheltenham Circle

City

Ashburn

State

VA

Zip Code

20147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Electronic Warfare Associ-
ates

Occupation

Vice President

Receipt For: 2010

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Transaction ID: C29069

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

5500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 44

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00347864

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 21.67

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 1 / 2 0 0 9

Transaction ID: C29034

Amount of Each Receipt this Period

6.07

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: Phone Use

B.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00347864

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 21.67

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 7 / 2 0 0 9

Transaction ID: C29043

Amount of Each Receipt this Period

9.71

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: Phone Use

C.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing
federal political committee. **C** C00347864

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 21.67

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 9

Transaction ID: C29089

Amount of Each Receipt this Period

5.89

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: Phone Use

SUBTOTAL of Receipts This Page (optional)

21.67

TOTAL This Period (last page this line number only)

21.67

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 / 44

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

ACE GROUP HOLDINGS INC. POLITICAL ACTION COMMITTEE

Mailing Address 436 Walnut Street
WAO4PCity State Zip Code
Philadelphia PA 19106FEC ID number of contributing
federal political committee.**C** C00348938

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: C29063

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

Action Committee For Rural Electrification (ACRE)

Mailing Address 4301 Wilson Boulevard

City State Zip Code
Arlington VA 22203-1860FEC ID number of contributing
federal political committee.**C** C00002972

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: C29038

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

Air Line Pilots Association Political Action Committee (ALPA-PAC)

Mailing Address 1625 Massachusetts Avenue Northwes

City State Zip Code
Washington DC 20036FEC ID number of contributing
federal political committee.**C** C00035451

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 9

Transaction ID: C29064

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

Alaska Air Group Inc. Political Action Committee

Mailing Address PO Box 68900

City

SeaTac

State

WA

Zip Code

98168

FEC ID number of contributing
federal political committee.

C C00024349

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: C29077

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Alexander & Baldwin, Inc. FEDPAC (A & B FEDPAC)

Mailing Address P.O. BOX 3440

City

Honolulu

State

HI

Zip Code

96801

FEC ID number of contributing
federal political committee.

C C00017681

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: C29041

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

ALLIANT TECHSYSTEMS INC EMPLOYEE CITIZENSHIP FUND

Mailing Address 1215 Jefferson Davis Highway
#1410 Crystal Gateway 3

City

ARLINGTON

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C C00250209

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: C29091

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 1050 31st Street N.W.

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C C00024521

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 9

Transaction ID: C29053

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PA

Mailing Address 1015 15TH STREET NW #802

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00010868

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: C29055

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

American Crystal Sugar Political Action Committee

Mailing Address 101 North Third Street

City

Moorhead

State

MN

Zip Code

56560

FEC ID number of contributing
federal political committee.

C C00110338

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: C29031

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

American Dental Political Action Committee

Mailing Address 1111 14th Street Northwest
Suite 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2009

Transaction ID: C29082

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

American Hospital Association Political Action Committee (ahapac)

Mailing Address 325 Seventh Street NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00106146

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2009

Transaction ID: C29073

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

AMERICAN PILOTS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 499 SOUTH CAPITOL STREET SW #409

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00041061

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2009

Transaction ID: C29029

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 44

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

American Postal Workers Union

Mailing Address 1300 L Street Northwest

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C** C00010322

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

Transaction ID: C29057

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

American Society of Anesthesiologists PAC

Mailing Address 520 North Northwest Highway

City

Park Ridge

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.**C** C00255752

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	9

Transaction ID: C29040

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

Boeing Company Political Action Committee

Mailing Address 1200 Wilson Boulevard

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.**C** C00142711

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	9

Transaction ID: C29060

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

CH2M HILL COMPANIES LTD PAC

Mailing Address 9191 S JAMAICA STREET

City

ENGLEWOOD

State

CO

Zip Code

80112

FEC ID number of contributing
federal political committee.

C C00143305

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: C29062

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

CISCO SYSTEMS INC FEDERAL PAC AKA CISCO SYSTEMS E-PAC

Mailing Address 20 Park Road Suite E

City

Burlingame

State

CA

Zip Code

94010

FEC ID number of contributing
federal political committee.

C C00362707

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Transaction ID: C29047

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Coca-Cola Enterprises Inc, PAC

Mailing Address P.O. Box 723040

City

Atlanta

State

GA

Zip Code

31139-0040

FEC ID number of contributing
federal political committee.

C C00347989

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 9

Transaction ID: C29078

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

Employees Of Northrop Grumman Corporation Political Action Committee (engpac)

Mailing Address 520 S Grand Ave Suite 700

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C C00088591

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C29056

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

FEDERAL MANAGERS' ASSOCIATION POLITICAL ACTION COM

Mailing Address 1641 PRINCE STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C C00164848

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Transaction ID: C29068

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

General Electric Company Political Action Committee

Mailing Address 1299 Pennsylvania Avenue Northwest
Suite 1100

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00024869

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 0 9

Transaction ID: C29067

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

Honeywell International Political Action Committee (HIPAC)

Mailing Address 1001 Pennsylvania Avenue
Suite 700

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00096156

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: C29061

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

HORIZON LINES LLC ASSOCIATES GOOD GOVERNMENT FUND/HORIZON LINES ASSOCIATES

Mailing Address 1050 Connecticut Ave NW
Suite 1200 c/o T. WALLS

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00385179

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2009

Transaction ID: C29080

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

International Brotherhood Of Boilermakers, In Sp Bldrs, Bkmtbs, Frgrs & Hlprs-leg Ed..fu

Mailing Address 753 State Avenue Suite 565

City State Zip Code
Kansas City KS 66101

FEC ID number of contributing
federal political committee.

C C00005157

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2009

Transaction ID: C29079

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 44

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH STREET NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.**C** C70002118

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	9

Transaction ID: C29087

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

MEDTRONIC INC. MEDICAL TECHNOLOGY FUND

Mailing Address 1420 New York Avenue NW Suite 600

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C** C00311878

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	9

Transaction ID: C29058

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

Minn-dak Farmers Cooperative Political Action Committee (mdfpac)

Mailing Address 7525 Red River Road

City

Wahpeton

State

ND

Zip Code

58075

FEC ID number of contributing
federal political committee.**C** C00164939

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	9

Transaction ID: C29037

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)
MOTOROLA INC. POLITICAL ACTION COMMITTEE

Mailing Address 1455 Pennsylvania Avenue N.W.
Suite 900

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00075341

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Transaction ID: C29048

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Association Political Action Committee

Mailing Address 1325 Massachusetts Avenue NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00238725

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 9

Transaction ID: C29075

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL AC

Mailing Address 9110 EAST NICHOLS AVENUE
P.O. BOX 3469

City State Zip Code
CENTENNIAL CO 80112

FEC ID number of contributing
federal political committee.

C C00028787

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 9

Transaction ID: C29074

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 44

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 Daingerfield Road

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.**C** C00030809

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Transaction ID: C29081

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.
Room 1109

City

New York

State

NY

Zip Code

10010

FEC ID number of contributing
federal political committee.**C** C00158881

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

Transaction ID: C29065

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

ORACLE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1015 15th Street Northwest
Suite 200

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C** C00323048

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

Transaction ID: C29046

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

Oral And Maxillofacial Surgery Political Action Committee (omspac)

Mailing Address 9700 West Bryn Mawr Ave

City State Zip Code
 Rosemont IL 60018

FEC ID number of contributing
federal political committee. **C** C00005660

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 2 / 2 0 0 9

Transaction ID: C29036

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Professional Aviation Safety Specialists, AFL-CIO

Mailing Address 1150 17th Street NW STE 702

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
federal political committee. **C** C00286807

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 1 9 / 2 0 0 9

Transaction ID: C29076

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

PROFESSIONALS IN ADVERTISING POLITICAL ACTION COMMITTEE

Mailing Address 1203 19TH STREET NW
 4TH FLOOR

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee. **C** C00233353

Name of Employer Occupation

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 2 / 2 0 0 9

Transaction ID: C29023

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Boulevard
Suite 1500

City State Zip Code
Arlington VA 22209

FEC ID number of contributing
federal political committee.

C C00097568

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2009

Transaction ID: C29039

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Society of American Florists Political Action Committee (SAF-PAC)

Mailing Address 1601 Duke Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C C00111302

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: C29059

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Martin Loesch

Mailing Address 11404 Moorage Way
P.O. Box 817

City State Zip Code
La Conner WA 98257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 12 / 2009

Transaction ID: C29024

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

Tesoro Petroleum Corporation Political Action Committee

Mailing Address 300 Concord Plaza Dr.

City

San Antonio

State

TX

Zip Code

78216

FEC ID number of contributing
federal political committee.

C C00358366

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: C29030

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

TEXAS INSTRUMENTS INCORPORATED POLITICAL ACTION COMMITTEE (TI PAC)

Mailing Address PO BOX 742496

City

DALLAS

State

TX

Zip Code

75374

FEC ID number of contributing
federal political committee.

C C00007070

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Transaction ID: C29049

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Transport Workers Union Political Contributions

Mailing Address 80 West End Avenue

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C C00008268

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: C29054

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNI

Mailing Address 1775 K STREET NW

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C70003645

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: C29035

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

United Pilots PAC/airline Pilots Association

Mailing Address 6400 Shafer Court Suite 700

City

Rosemont

State

IL

Zip Code

60018

FEC ID number of contributing
federal political committee.

C C00251009

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: C29085

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

UNITED TRANSPORTATION UNION (UTU) TRANSPORTATION P

Mailing Address 14600 DETROIT AVENUE

City

CLEVELAND

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C C00001636

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 9

Transaction ID: C29083

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)

VERISIGN INC. PAC

Mailing Address 1666 K Street NW #410

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.**C** C00359240

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	9

Transaction ID: C29050

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

69000.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) Avenet, LLC Mailing Address 1380 Energy Ln Ste 206	Transaction ID: D5175 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
City Saint Paul State MN Zip Code 55108-5253 Purpose of Disbursement First Quarter Hosting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>225.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Avenet, LLC Mailing Address 1380 Energy Ln Ste 206 City Saint Paul State MN Zip Code 55108-5253 Purpose of Disbursement Web Based E-Mail Account Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5209 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>120.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Avenet, LLC Mailing Address 1380 Energy Ln Ste 206 City Saint Paul State MN Zip Code 55108-5253 Purpose of Disbursement Hosting Package Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5246 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>225.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

570.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Citizens to Elect Rick Larsen

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America Merchant Services</p> <p>Mailing Address PO Box 37000</p> <p>City San Francisco State CA Zip Code 94137-0001</p> <p>Purpose of Disbursement Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D5191 Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 1</div> <div>0 2</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>35.86</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America Merchant Services</p> <p>Mailing Address PO Box 37000</p> <p>City San Francisco State CA Zip Code 94137-0001</p> <p>Purpose of Disbursement Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D5224 Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 2</div> <div>0 2</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>35.86</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America Merchant Services</p> <p>Mailing Address PO Box 37000</p> <p>City San Francisco State CA Zip Code 94137-0001</p> <p>Purpose of Disbursement Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D5236 Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 3</div> <div>0 2</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>35.86</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

107.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) Thomas Boucher Mailing Address 2320 E Kincaid St	Transaction ID: D5171 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 9</div> </div>
City State Zip Code Mount Vernon WA 98274-4747 Purpose of Disbursement January Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1538.20</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Comcast Mailing Address 900 132nd St SW City State Zip Code Everett WA 98204 Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D5184 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>139.74</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Comcast Mailing Address 900 132nd St SW City State Zip Code Everett WA 98204 Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D5200 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>140.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1817.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Compupay</p> <p>Mailing Address 14240 Interurban Ave S Ste 148</p> <p>City Tukwila State WA Zip Code 98168-4665</p> <p>Purpose of Disbursement Payroll Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D5185 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 9</div></p> <p>Amount of Each Disbursement this Period <div>55.66</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Compupay</p> <p>Mailing Address 14240 Interurban Ave S Ste 148</p> <p>City Tukwila State WA Zip Code 98168-4665</p> <p>Purpose of Disbursement Tax Impounds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D5186 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div></p> <p>Amount of Each Disbursement this Period <div>2371.89</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Compupay</p> <p>Mailing Address 14240 Interurban Ave S Ste 148</p> <p>City Tukwila State WA Zip Code 98168-4665</p> <p>Purpose of Disbursement Payroll Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D5212 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div></p> <p>Amount of Each Disbursement this Period <div>50.26</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

2477.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Compupay</p> <p>Mailing Address 14240 Interurban Ave S Ste 148</p> <p>City Tukwila State WA Zip Code 98168-4665</p> <p>Purpose of Disbursement Tax Impounds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D5213</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>2344.92</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Compupay</p> <p>Mailing Address 14240 Interurban Ave S Ste 148</p> <p>City Tukwila State WA Zip Code 98168-4665</p> <p>Purpose of Disbursement Payroll Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D5227</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>50.26</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Compupay</p> <p>Mailing Address 14240 Interurban Ave S Ste 148</p> <p>City Tukwila State WA Zip Code 98168-4665</p> <p>Purpose of Disbursement Tax impounds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D5228</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>2327.82</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

4723.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) Brooke N Davis	Transaction ID: D5172 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 9</div> </div>
Mailing Address 14207 51st Ave SE	
City Everett State WA Zip Code 98208	Amount of Each Disbursement this Period <div> <div></div> <div>4814.21</div> </div>
Purpose of Disbursement January Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Brooke N Davis	Transaction ID: D5173 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 9</div> </div>
Mailing Address 14207 51st Ave SE	
City Everett State WA Zip Code 98208	Amount of Each Disbursement this Period <div> <div></div> <div>500.00</div> </div>
Purpose of Disbursement January Mileage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Brooke N Davis	Transaction ID: D5174 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
Mailing Address 14207 51st Ave SE	
City Everett State WA Zip Code 98208	Amount of Each Disbursement this Period <div> <div></div> <div>177.01</div> </div>
Purpose of Disbursement Travel Reimb.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5491.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) Brooke N Davis Mailing Address 14207 51st Ave SE	Transaction ID: D5194 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div>
City Everett State WA Zip Code 98208 Purpose of Disbursement Travel Reimb. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>972.20</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Brooke N Davis Mailing Address 14207 51st Ave SE City Everett State WA Zip Code 98208 Purpose of Disbursement February Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D5193 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Brooke N Davis Mailing Address 14207 51st Ave SE City Everett State WA Zip Code 98208 Purpose of Disbursement February Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D5192 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>4814.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6286.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) Brooke N Davis Mailing Address 14207 51st Ave SE	Transaction ID: D5195 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 9</div> </div>
City Everett State WA Zip Code 98208 Purpose of Disbursement Travel Advance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Brooke N Davis Mailing Address 14207 51st Ave SE	Transaction ID: D5226 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 1 / 2 0 0 9</div> </div>
City Everett State WA Zip Code 98208 Purpose of Disbursement March Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>4814.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Brooke N Davis Mailing Address 14207 51st Ave SE	Transaction ID: D5237 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div>
City Everett State WA Zip Code 98208 Purpose of Disbursement Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5514.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: D5169 Date of Disbursement
Mailing Address 430 S Capitol St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003-4024	Amount of Each Disbursement this Period
Purpose of Disbursement Phone Use	<div> <div>6.07</div> </div>
Candidate Name Democratic Congressional Campaign Committee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	* in-kind received
B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: D5170 Date of Disbursement
Mailing Address 430 S Capitol St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 7 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003-4024	Amount of Each Disbursement this Period
Purpose of Disbursement Phone Use	<div> <div>9.71</div> </div>
Candidate Name Democratic Congressional Campaign Committee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	* in-kind received
C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: D5225 Date of Disbursement
Mailing Address 430 S Capitol St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003-4024	Amount of Each Disbursement this Period
Purpose of Disbursement Phone Use	<div> <div>5.89</div> </div>
Candidate Name Democratic Congressional Campaign Committee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	* in-kind received

SUBTOTAL of Disbursements This Page (optional)

21.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)
Dunkin Donuts

Mailing Address 801 Pennsylvania Ave SE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5190

Date of Disbursement

/ /

Amount of Each Disbursement this Period

211.82

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
ETBA

Mailing Address 2812 Lombard Ave

City Everett State WA Zip Code 98201

Purpose of Disbursement
Everett Office Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5197

Date of Disbursement

/ /

Amount of Each Disbursement this Period

312.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
ETBA

Mailing Address 2812 Lombard Ave

City Everett State WA Zip Code 98201

Purpose of Disbursement
Everett Office Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5199

Date of Disbursement

/ /

Amount of Each Disbursement this Period

312.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

835.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) ETBA Mailing Address 2812 Lombard Ave	Transaction ID: D5247 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div>
City Everett State WA Zip Code 98201 Purpose of Disbursement Everett Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div></div> <div>312.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Fiorello Consulting Mailing Address 3914 Barcroft Mews Court City Falls Church State VA Zip Code 22041 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D5180 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>3000.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Fiorello Consulting Mailing Address 3914 Barcroft Mews Court City Falls Church State VA Zip Code 22041 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D5202 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>3000.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6312.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) Fiorello Consulting Mailing Address 3914 Barcroft Mews Court	Transaction ID: D5243 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div>
City Falls Church State VA Zip Code 22041 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div></div> <div>3000.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) H&R Block Mailing Address 136 102nd Ave SE City Bellevue State WA Zip Code 98004 Purpose of Disbursement 2008 Federal Tax Prep Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D5231 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>210.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Johnny's Half Shell Mailing Address 400 North Capitol St NW City Washington State DC Zip Code 20001 Purpose of Disbursement Catering for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D5234 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>429.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3639.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) Kingsmill Resort	Transaction ID: D5215 Date of Disbursement
Mailing Address 1010 Kingsmill Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 0 9</div> </div>
City Williamsburg State VA Zip Code 23185	Amount of Each Disbursement this Period
Purpose of Disbursement Democratic Caucus Retreat	<div> <div>1250.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kingsmill Resort	Transaction ID: D5214 Date of Disbursement
Mailing Address 1010 Kingsmill Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 9 / 2 0 0 9</div> </div>
City Williamsburg State VA Zip Code 23185	Amount of Each Disbursement this Period
Purpose of Disbursement Democratic Caucus Retreat	<div> <div>530.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Lifewise Health Plan of Washington	Transaction ID: D5181 Date of Disbursement
Mailing Address PO Box 91060	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
City Seattle State WA Zip Code 98111	Amount of Each Disbursement this Period
Purpose of Disbursement Health Insurance	<div> <div>261.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2041.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) Lifewise Health Plan of Washington Mailing Address PO Box 91060	Transaction ID: D5208 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div>
City State Zip Code Seattle WA 98111 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div></div> <div>261.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Lifewise Health Plan of Washington Mailing Address PO Box 91060 City State Zip Code Seattle WA 98111 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D5242 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>261.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy St SE City State Zip Code Washington DC 20003-4006 Purpose of Disbursement Annual Dues Candidate Name National Democratic Club Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D5206 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>275.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

797.00

TOTAL This Period (last page this line number only) ►

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) NGP Software Software Inc Mailing Address 5505 Connecticut Ave NW	Transaction ID: D5183 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20015 Purpose of Disbursement First Quarter Hosting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Sprint PCS Mailing Address PO Box 79125 City City Of Industry State CA Zip Code 91716-9125 Purpose of Disbursement Cell Phone Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5182 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>242.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Sprint PCS Mailing Address PO Box 79125 City City Of Industry State CA Zip Code 91716-9125 Purpose of Disbursement Cell Phone Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5207 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>246.09</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1988.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) Sprint PCS Mailing Address PO Box 79125	Transaction ID: D5240 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div>
City State Zip Code City Of Industry CA 91716-9125 Purpose of Disbursement Cell Phone Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>226.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) USPS Mailing Address Everett MPO City State Zip Code Everett WA 98201 Purpose of Disbursement Bulk Mail Account Renewal Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D5201 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>180.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001 City State Zip Code Inglewood CA 90313-0001 Purpose of Disbursement Phone Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D5178 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>264.68</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

671.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001	Transaction ID: D5176 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div>
City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Phone Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>308.68</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001 City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Phone Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5177 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>64.76</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001 City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Phone Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5204 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>32.26</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

405.70

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A. Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001	Transaction ID: D5203 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div>
City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Phone Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>192.44</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001	Transaction ID: D5205 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 9</div> </div>
City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Phone Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>162.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 30001	Transaction ID: D5238 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div>
City Inglewood State CA Zip Code 90313-0001 Purpose of Disbursement Phone Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>192.86</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

548.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 30001

City Inglewood State CA Zip Code 90313-0001

Purpose of Disbursement
Phone Bill

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5239

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	9

Amount of Each Disbursement this Period

9.09									
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☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

9.09

TOTAL This Period (last page this line number only)

44257.80

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Citizens to Elect Rick Larsen

A.

Full Name (Last, First, Middle Initial)
People for Patty Murray

Mailing Address P.O. Box 3662

City State Zip Code
Seattle WA 98199

Purpose of Disbursement
Contribution

Candidate Name
People for Patty Murray

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: D5244

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
People for Patty Murray

Mailing Address P.O. Box 3662

City State Zip Code
Seattle WA 98199

Purpose of Disbursement
Contribution

Candidate Name
People for Patty Murray

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: D5248

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00